

Fire Administration
101 E. Sonny Drive
Leander, TX 78641
(512) 528-2848

MEMBERSHIP APPLICATION PACKET

Member Applicant Name _____

Date _____

Date Received _____

Mark Position Desired:

- ☐ **2015 Volunteer Firefighter Fast Track – certifications required***
Application Period is December 1st, 2014- January 9th, 2015

*Those applying to the Volunteer Fast Track Program at this time must possess a Texas Department of State Health Services EMT-B or higher. Please note that those who submit an application for the Fast Track program may still be required to attend all or part of the Volunteer Cadet Academy depending upon certifications held.

Applicants who have an EMT certification **AND** a TCFP Firefighter or SFFMA FFII can submit the application and Training Staff will review your certifications and determine if you will be exempt from portions of the Academy.

Allow the entire application period for the processing of your membership application. You will be notified by letter or email of your application status. The next step in this process will be a panel interview which you will be notified by phone of your appointed time.

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Section 1 – Personal Information

Name: _____ Nickname: _____
First Middle Last

Are you 18 years of age? *Circle one* YES / NO Citizen of US? *Circle one* YES / NO

Date of Birth / / Gender: *Circle one* Male / Female
Mo / Day / Year

Address: _____
Street Apt#

City State Zip

Have you lived out of the state of Texas in the past five years? *Circle one* YES / NO

If yes, please list state(s) or country: _____

Have you been convicted of any offense within the past five years? *Circle one* YES / NO

If yes, please explain (attach additional pages as needed): _____

Primary Phone Number: (_____) _____ - _____ *Circle one* home / cell / work

Secondary Phone Number: (_____) _____ - _____ *Circle one* home / cell / work

Email Address: _____

Driver's License Number: _____ Class: _____ Expiration _____

Social Security Number: _____

Are you current on all Immunizations? *Circle one* YES / NO

****Please provide a copy of your shot records***

Tell us how you learned about volunteer opportunities with Leander Fire Department:

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Section 2 – A. Texas Criminal History Record

You are responsible for any costs associated with obtaining these documents. You can call the Crime Records Service of the Texas Department of Public Safety. You can call their office in Austin at 512-424-5079, option 5 for hours, locations, and fees. Please allow up to two weeks for your requests to be processed.

1. Provide us with an original of your Texas Criminal History Record ~\$29.95
2. Provide us with an original fingerprint card ~\$9.95

Section 2 – B. Driving Record

Obtain your driving record online through the Texas DPS website at a cost of ~\$7.50. Please get the **List of All Accidents and Violations in Record (Type 3)**. <https://www.texasonline.state.tx.us/tolapp/txldrctr/TXDPSLicenseManager>

Section 2 – C. Authorization for Driving Record and Criminal History Check

I hereby authorize the Leander Fire Department to check and review my Driving Record and Criminal History. These records are private and confidential and will be handled in accordance with the City of Leander Records Management Policy. I understand that this record check will be part of my permanent record with the Leander Fire Department. The record will be reviewed as part of my affiliation (volunteer or employment) with the Leander Fire Department.

I understand that as a member of the Leander Fire Department, my Driving Record and Criminal History may be reviewed on a regular basis.

I understand while this is optional that failure to allow this check may lead to limited or prevention of my involvement or employment with the Leander Fire Department.

I understand that signing this does not waive Sections A & B above for which I am responsible to obtain.

I _____ Circle one **DO** / **DO NOT** authorize the check of my
print full name
 Driving Record and Criminal History.

Signature Date Signed ____/____/____
Mo / Day / Year

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Section 3 – Education and Civic Information

Member Applicant Name _____

Education:

Please mark all degrees obtained:

- ☐ High School Diploma/GED
- ☐ Some College
- ☐ Fire Academy (ACC, Oakhill, etc.)
- ☐ Technical Degree
- ☐ Associate's Degree
- ☐ Bachelor's Degree or Higher
- ☐ Other – _____

Please describe any other training, specialized education, skills or abilities that you feel would enhance your application: _____

Civic:

Please describe any civic or community service activities in which you have participated that would make you stand out above other applicants: _____

Please describe any awards, honors, or distinctions that you have received: _____

Attach copies of diplomas, training certificates, awards or other applicable certificates that you feel will enhance your application as a volunteer member of Leander Fire Department (see page 5 for a listing of some, but not all certificates that you may have.) [Back to Page One](#)

Section 4 – Certification Information

Member Applicant Name

Fire & Medical Certifications: Please mark *highest* certification level. **Copies of certifications must be included with your application to prove completion of any of the following.**

Certifications do not guarantee acceptance into Fast Track Program.

State Firemen's and Fire Marshall's Association:

- ☐ None
- ☐ Module 1 (Introd)
- ☐ Module 2 (Basic)
- ☐ Module 3: Firefighter I (Completion)
- ☐ Module 4: Firefighter II (Advanced)**
- ☐ Master

Texas Commission on Fire Protection:

- ☐ None
- ☐ Basic**
- ☐ Intermediate
- ☐ Advanced
- ☐ Master

American Heart Association

- ☐ None
- ☐ CPR*

Texas Department of State Health Services:

- ☐ None
- ☐ ECA
- ☐ EMT – B*
- ☐ EMT – I
- ☐ EMP – P/LP

FEMA ICS Courses*

<http://training.fema.gov/EMIWeb/IS/crslist.asp>

- ☐ IS-100b Introduction to Incident Command System
- ☐ IS-200b ICS for Single Resources and Initial Action
- ☐ IS-700a National Incident Management System MINS
- ☐ IS-800b National Response Plan NRP

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*Denotes *minimum* requirements for Fast Track program

** *Minimum Fire Certification for Fast Track can be either SFFMA or TCFP*

Member Applicant Name

Current	or	most	recent	employer:
Dates		employed		from/to:

Job Responsibilities: _____

Position/Title/Rank: _____

Job Responsibilities: _____

Position/Title/Rank: _____

Job Responsibilities: _____

Please describe any previous fire or EMS experience, including department names, your ranks or positions held in each organization. _____

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Section 6 – Character References

Member Applicant Name _____

Please provide the names and contact information on three individuals (not family members).

Name: _____

Phone Number: (____) ____ - ____ Email: _____

Relationship: _____ Length of time known: _____

Name: _____

Phone Number: (____) ____ - ____ Email: _____

Relationship: _____ Length of time known: _____

Name: _____

Phone Number: (____) ____ - ____ Email: _____

Relationship: _____ Length of time known: _____

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Requirements for the Position of Volunteer Firefighter

Qualifications:

1. Must be 18 years of age or older
1. Must possess a valid driver's license and auto liability insurance
2. Must have a good driving record
3. Must have no felony convictions and no Class B (or greater) misdemeanor convictions in the last 10 years
4. Must be in good physical condition
5. No prior experience is required

Physical Requirements:

1. Must be able to lift, move, and climb ladders
2. Must have ability to climb through rafters, on roofs, and through small spaces
3. Must be able to open and close valves and be able to advance with charged hose while discharging water
4. Must be able to carry heavy loads up and down stairs
5. Must be able to run and drag hose
6. Must be able to hear alarms and respond
7. Must be able to effectively communicate via two-way radio and over the phone
8. Must be able to grasp and effectively use hand tools such as chain saws, pike poles, axe, rope, shovel, etc.

Other Requirements:

1. Meet department training requirements (304 hours annually). Training is held every Monday night at 7:00pm. Additional training opportunities are offered via internet, shift training, and through local, state, and regional courses.
2. Meet minimum shift requirements (420 hours annually). Shift schedules are from 7am-6pm and from 6pm till 7am, 7 days a week.
3. Members should respond when available, to stations when called in for station coverage. This occurs when first out units are on large-scale calls, including fires, major car accidents, or other incidents that require a unit to be out of service for a significant length of time.
4. Participate in other department events as required or available. These include, but are not limited to, community events, public education, picnics, birthday parties, and event stand-bys.

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Section 7 – Acknowledgement

Member Applicant Name _____

READ THE FOLLOWING STATEMENT CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING AND DATING IN THE SPACE BELOW.

1. I certify that all information provided by me in connection with my application whether on this document or not, is true and complete, and I understand that any misstatement, falsification, and/or omission of information shall be grounds for dismissal from the department.
2. I authorize any persons or organizations referenced in this application to give you any and all information personal and/or otherwise, with regard to any of the subjects covered by this application, and I release all parties from liability from damages which may result from furnishing such information to you.
3. I have read and understand the physical requirements of a volunteer firefighter. I can physically meet the requirements of the position. I understand that if I have a pre-existing medical condition, illness, or injury, that it is recommended by the Leander Volunteer Fire Department, Inc., Leander Fire Department, and the City of Leander that I receive approval to participate in the fire department activities from my personal physician.
4. I understand that, if accepted for the Academy, my cost share for the EMT portion of the academy, as a member of the department, will be \$500, payable before the start of classes. I also understand that I am responsible for the cost of my EMT books, my uniform boots, uniform pants, and EMT testing fees.
5. I understand there is no charge for the Fire portion of the Academy and that it is not a commissioned course.

Signature

Date Signed _____
Mo / Day / Year

Please be sure that your packet is complete, verify that you have reviewed it for completeness including necessary attachments. We apologize but, applicant packets that are not complete may not be given consideration for membership.

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